

**City of Auburn
Declaration Certifying Eligibility for Cable
Discount**

As part of its cable franchise with Comcast, the City of Auburn negotiated a discount on basic cable service for eligible subscribers that meet all of the following criteria: (1) 62 years of age or older, or disabled; (2) the legal owner or lessee/tenant of their residence; and (3) combined disposable income from all sources does not exceed the federal Housing and Urban Development standards for the Seattle-Bellevue area (“HUD Income Standard”) for the preceding year. The applicable HUD Income Standard for the current year is \$30,900 annually for a single person and \$35,300 for a married couple. The City is required to certify to Comcast that applicants for the discount meet the necessary criteria.

1. Name: _____ Cable Account # (if known): _____
2. Email: _____ Phone: _____
3. Address: _____
- | | | | | |
|--------|--------|------|-------|----------|
| Street | Apt. # | City | State | Zip Code |
|--------|--------|------|-------|----------|

I certify that I am either: _____ the **legal owner** of my residence; or
 _____ the legally responsible **lessee/tenant** of my rental residential unit.

4. **Purpose.** I make this Declaration, under penalty of perjury under the laws of the State of Washington, to the City of Auburn and Comcast for the purpose of qualifying for a special discount on basic cable service at my residence. The discount will be effective as of the date that Comcast accepts certification from the City on my eligibility. I understand that I will not be eligible for the discount if I am receiving any promotional offer or my services are incorporated into a value package. I understand that this information may be subject to verification by the cable operator.

5. **Proof of Eligibility:** Proof of eligibility must be provided through the following methods, please check off the reference to documents you have enclosed:

- 1) **Age** – 62 years or older with combined disposable income below the HUD Income Standard.
 _____ a photocopy of driver’s license, or
 _____ official government ID.
- 2) **Disability** – Legally disabled with a combined disposable income below the HUD Income Standard.
 _____ a copy of Disability Award Letter from Social Security.
- 3) **Income** – Income must be below the HUD Income Standard.
 _____ a copy of Award Letter from Social Security, or
 _____ for the immediate preceding year, attach copies of Federal Income Tax Return (IRS Form 1040).

6. **Changes in Circumstances.** In the event that I am no longer qualified for the cable discount, I agree to promptly notify Comcast of any such change, or if I move from this address. I hereby apply for the discount on my basic cable service and certify under the penalties of the law that to the best of my knowledge all statements as marked on this form are true.

X _____
 Signature Date

PLEASE RETURN THIS FORM **WITH PROOF OF INCOME AND AGE OR DISABILITY** STATUS TO:

City of Auburn Attention: Innovation & Technology Franchise Support 25 West Main Street Auburn, WA 98001	Phone: 253-804-5078 Email: helpdesk@auburnwa.gov
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Please allow six to eight weeks for processing the application.

<u>FOR OFFICE USE ONLY</u>	
Date Mailed: _____	Approved: _____
Date Returned: _____	To Comcast: _____